

1278

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS 108	State Index No. 830	
District of <u>Eleventh</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>736</u>
Town of _____	Local Registrar's No. _____		
or _____			
City of <u>Yuma</u>	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Katherine Edwinna Crane</u>			Born <input type="checkbox"/> YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.			Alive <input checked="" type="checkbox"/>
Sex of Child <u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and <input type="checkbox"/>	Number in order of birth <input checked="" type="checkbox"/>
Date of Birth <u>June 2</u> 191 <u>5</u>		Legitimate? <u>Yes</u>	
(Month) (Day) (Yr.)			
FATHER		MOTHER	
Full Name <u>Eugene Arthur Crane</u>		Full Maiden Name <u>Mary Agnes Murphy</u>	
Residence <u>Central Ave.</u>		Residence <u>Same</u>	
Color or Race <u>White</u>		Color or Race <u>White</u>	
Age at last Birthday <u>28</u> (Years)		Age at last Birthday <u>22</u> (Years)	
Birthplace <u>New York City</u>		Birthplace <u>Butte, Montana</u>	
Occupation <u>Fire Repairer</u>		Occupation <u>Housewife</u>	
Number of child of this mother... <u>1</u>		Number of children, of this mother, now living... <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>June 2</u> 191 <u>5</u> , at <u>12</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
(Signature) <u>C. J. Sturgeon</u>		(Attending physician, midwife, householder,*)	
Given or christian name added from a supplemental report _____ 191_____		Address _____	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>June 16</u> 191 <u>5</u>		A True Copy <u>Yes</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	